

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Following

# Health Department, City of Baltimore.

Permit No. A 1650

Office of Registrar of Vital Statistics.

Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 23<sup>d</sup> 1887  
Ada Heath

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 1 Years, 11 Months, 1 Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City  
Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

# 503 St. Duncan Alley  
Tutting

Cause of Death, { First (Primary), Second (Immediate), }

Cholo-Infantum  
6 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 24<sup>th</sup> 1887

Undertaker,

W W Madden

Place of Business,

West St

Address,

James A. Stearns M. D.  
Cumpriss & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John C. De Grey

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1651 Office of Registrar of Vital Statistics.

Ward 12<sup>2</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 23<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Agnes McGrain

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years,

3 Months,

2 Days.

Color,

W

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Reck

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1512 Rutler St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

two

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, Govanston

Date of Burial, July 24/87

Undertaker, C. J. Scriven

R. Winslow

M. D.

Medical Attendant.

Place of Business, 925 Madison

Address, 1 Mount Royal Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

## Health Department, City of Baltimore.

Permit No. A 1652 Office of Registrar of Vital Statistics.

Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 22<sup>nd</sup> 84

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

March May Hall

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

22

Days.

Color,

cal

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Boat.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

645. Pierce

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum  
congestion Brain

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician

Place of Burial,

Final Cemetery

Date of Burial,

July 24

Undertaker,

John H. Owens

Louis H. Horn M. D.

Medical Attendant.

Place of Business,

502 Pearl

Address,

Mulberry & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. 1653 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 23<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos. Alexander

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all my life

Place of Death, { Give Street and Number. } 12 N. Lee St

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis  
Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Ches. Shalom Cong. Cemetery

Date of Burial, July 24<sup>th</sup>

Undertaker, Charles Holland Sons

Place of Business, 708 E. Pratt St

Medical Attendant, L. O. H. H. M. D.

Address, 25 S. Edgar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1667 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~and~~ <sup>carefully filled out,</sup> to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 22 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattie Bosly Henderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 18 Months, 18 Days.

Color,         

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,         

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Pittsburg Pa

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, { Give Street and Number. } 1512 Holmes

Cause of Death, { First (Primary), Second (Immediate), } chol infantum

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, July 28/87

{ Undertaker, J B Cook } W H Patterson M. D. Medical Attendant.

{ Place of Business, 1003 W Baltimore } 102 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1653 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 23<sup>d</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sandolia Key's

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 18 Months, 5 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } # 1307 21<sup>st</sup> St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, July 25<sup>th</sup> 1887

Undertaker, Wm. J. Henry John S. Huck M. D.

Place of Business, 561 Orchard St Address, Argyle Ave & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(4780 Trans)

[OVER.]



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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1656

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death July 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Parker

Sex, ~~Male~~ or ~~Female~~ { Cross out the word not required in this line. }

Age, one Years, 3 Months, 3 Days

Color, Col.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence, in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } S. E. Cor. Eutan & Montgomery

Cause of Death, { First (Primary), Second (Immediate), } Pertussis  
Apnea

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 24 1887

Undertaker, Herbert Ross

Place of Business, 404 Conway

D. J. Flannery M. D.  
Coroner Medical Attendant  
Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, according to the law, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 23<sup>d</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

May Augusta Hupke

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

26

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

2801 E. 10th St.

Cause of Death,

{ First (Primary),

Second, (Immediate),

Epilepsy

Duration of Last Sickness,

Has suffered since childhood

All the above information should be furnished by the Physician.

Place of Burial,

St. Carmel Cemetery

Date of Burial,

July 25<sup>th</sup> 1887

{ Undertaker,

John C. Schuch

E. J. Williams, D.

{ Place of Business,

265 Alice Ave.

Address,

2826 E. 10th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List on Back of this Certificate

# Health Department, City of Baltimore.

Permit No. 1658

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 23<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lillie Washington

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 1 Years, 2 Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Ball-Moa

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

107 Lyson Alley  
Chol<sup>a</sup> Infantum

Cause of Death, { First (Primary),  
Second (Immediate), }

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 25<sup>th</sup> 1887

Undertaker, Alb. Hensley

Place of Business,

James A. Stearns M. D.  
Camp & Co

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

J. B. Patterson Sanitary Inspector

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of Certificate.

# Health Department, City of Baltimore

Permit No. 1659

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levis Jefferson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 10 Months, a Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 17 Welcome ally  
Diarrhoea

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 24 1887

Undertaker, Samuel W. Chase

Place of Business, 641 S. Howard St Address, P. Dispensary

J. H. White M. D.  
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]